

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Independent Women's Voice

(b) Address (number and street) ☐ check if different than previously reported

4400 Jennifer Street NW Suite 240

(c) City, State and ZIP Code

Washington

DC

20015

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Case Closed

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Robert Olshan

(b) Address (number and street)

Robert Olshan CPA

(c) City, State and ZIP Code

Washington

DC

20016

(d) Name of Employer or Principal Place of Business

Robert Olshan, CPA

(e) Occupation

Accountant

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

237500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Holly Higgins

SIGNATURE Electronically Filed by Holly Higgins

DATE 05/07/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.